

AGENDA SUPPLEMENT (1)

Meeting: Health Select Committee

Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN

Date: Thursday 2 November 2023

Time: 10:30 am

The Agenda for the above meeting was published on 25 October 2023. Additional documents are now available and are attached to this Agenda Supplement.

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Press enquiries to Communications on direct lines (01225)713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

6 **Community Pharmacy Services** *(Pages 3 - 40)*

DATE OF PUBLICATION: 27 October 2023

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Wiltshire Community Pharmacy

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Agenda Item 6



Community Pharmacy – Overview of ICB Delegated Functions

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Community Pharmacy in BSW



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

- 145 Contractors
- 2 x Local Pharmaceutical Committees
 - Community Pharmacy Avon
 - Community Pharmacy Swindon & Wiltshire
- On an average day **dispense 50,000 items in BSW**
- Nearly **3000 walk in consultations** seeking **minor illness** and their own medicines (20 per day per pharmacy)
- Community Pharmacy **Consultation Service** (~80 **referrals per day** from general practices, spread across **136 pharmacies**)
- **Front door of the NHS**



Provision of Community Pharmacy



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

- Like GPs, **community pharmacists are independent contractors**, but they are also part of the NHS family. Every day about 1.6 million people visit a pharmacy in England.
- Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. **Some are open long hours when other health care professionals are unavailable.** There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every High Street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings
- The **traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed.** In recent years community pharmacists have been **developing clinical services** i.e., undertaking **minor illness referrals** from GP Practices and NHS111, partaking in the **CoViD and flu vaccination** programmes, in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.



Community Pharmacy – Types and Hours

Types of pharmacy

- 40 hours Community Pharmacy
- 100 hours Community Pharmacy (not now an option to enter the market)
- Distance Selling Pharmacy

Hours of provision

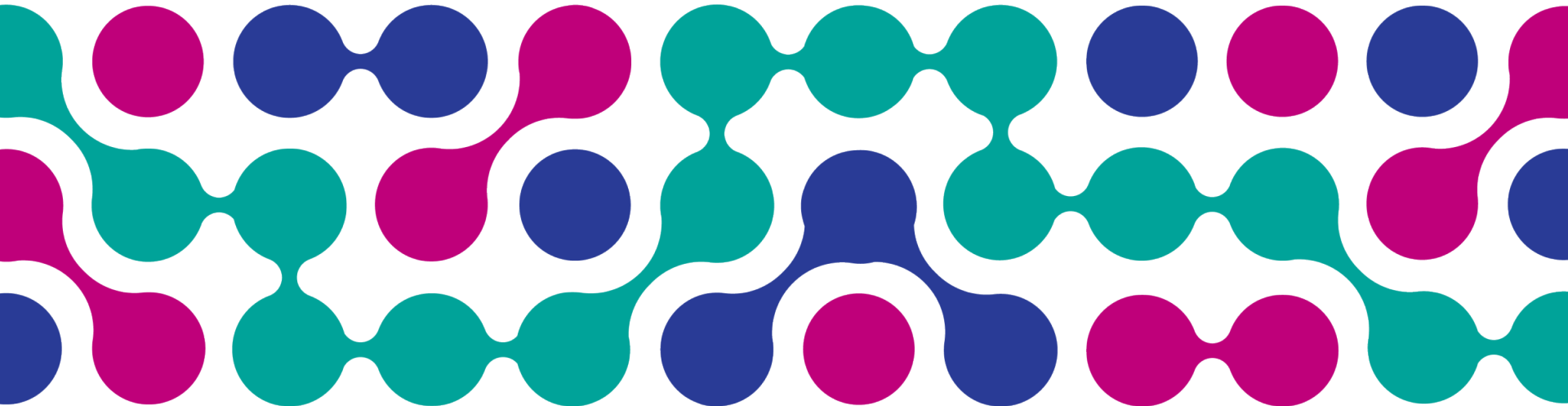
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- 40 hrs (100hrs) are Core Hours: **only changed by NHSE consent, but decisions can be appealed**
- 100 hrs contractors are able to reduce to 72 hours – **giving 5 weeks' notice**
- Supplementary Hours: pharmacy can change - **giving 5 weeks' notice**
- **Not required to open on Bank Holiday**: cover from voluntary opening and commissioned rotas



Service Provision

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Community Pharmacy – Essential Services

Essential Services (required)

- **Dispensing:** provision of medicines and appliances, giving advice to patients on use. This includes electronic repeat dispensing, which reduces practice workload.
- **Discharge Medicines Service:** support patients with changes to medicines following a hospital stay and reduces risk of readmission.
- **Disposal of Unwanted Medicines:** receive and safely dispose of unwanted medicines, supported by the clinical waste service.
- **Healthy Living Pharmacies:** pro-active support to patients, promoting behaviour change and improving health and wellbeing, supporting reduction in health inequalities.
- **Public Health Campaigns:** participate in 6 nationally defined health campaigns – display/distribute leaflets i.e., ‘help us to help you’.



Community Pharmacy – Advanced Services

Advanced Services (nationally offered, optional provision)

- **Community Pharmacist Consultation Service (CPCS):** 111 / GP/UEC referral to the pharmacist for minor illness or an urgent supply of repeat medication. **In BSW in 2022/2023 GPs sent 21,500 referrals to pharmacy and NHS111 sent 12,500 referrals**
- **Influenza:** 18yrs and over at risk, as defined in the Green Book, offering extended hours and flexibility of access. Significant increase in use during CoViD.
- **Pharmacy Contraception Service:** Tier 1- on-going management of routine oral contraception which was initiated in general practice or sexual health clinic. **Tier 2 will enable initiation of oral contraception.**
- **Hypertension Case Finding Service:** 1st stage identifies over 40yrs at risk and offering a blood pressure measurement. Stage 2 offered 24 hr ambulatory blood pressure monitoring, where clinical indicated. Results are sent to the patient's practice. **In BSW in 2022/2023 119 pharmacies (82.6%) participated in the service, seeing 8855 patients.**
- **New Medicines Service:** support people with long-term conditions to use new medicines effectively and enable self-management.
- **Smoking Cessation Service:** referred on hospital discharge for smoking cessation advice and support.
- **CoViD 19 Lateral Flow Device (LFD):** enable eligible patients who have risk factors for progression to severe CoViD 19 to obtain LFD test kits from participating pharmacies

National Enhanced Services

- **CoViD-19 Vaccination Service:** provision of CoViD-19 vaccination alongside Vaccination Centres and PCNs



Community Pharmacy – Local Services

Locally Commissioned Services

- **Specialist Medicines Service:** hold an agreed stock, largely focused on medicines for end-of-life care.
- **Local Authorities** and Health Partners commission sexual health services, needle and syringe exchange services, smoking cessation services, supervised methadone consumption from some pharmacies.
- **Patient Group Directions for Minor Illness**



Community Pharmacy Minor Illness Patient Group Directions (PDG's)

- Bath, Swindon and Wiltshire (BSW) ICB have commissioned community pharmacy to deliver the following Patient Group Directions (PGDs).
- Service launched July 2022
 - Urinary Tract Infections – Females aged 16-64
 - Impetigo (*contagious skin infection*) – Adults and children aged 2 and over
 - Hydrocortisone (*steroid cream to reduce pain and inflammation*) – Children aged 1 to 10 and use on the face in patients over 1 year
 - Chloramphenicol ointment (*eye drops for conjunctivitis*) - from 31 days to under 2 years old
 - Sore Throats – Adults and children aged 5 and over

Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety. (NHSE, 2023, available at: <https://www.england.nhs.uk/south/info-professional/pgd/>)

Community Pharmacy Minor Illness Patient Group Directions (PDG's)

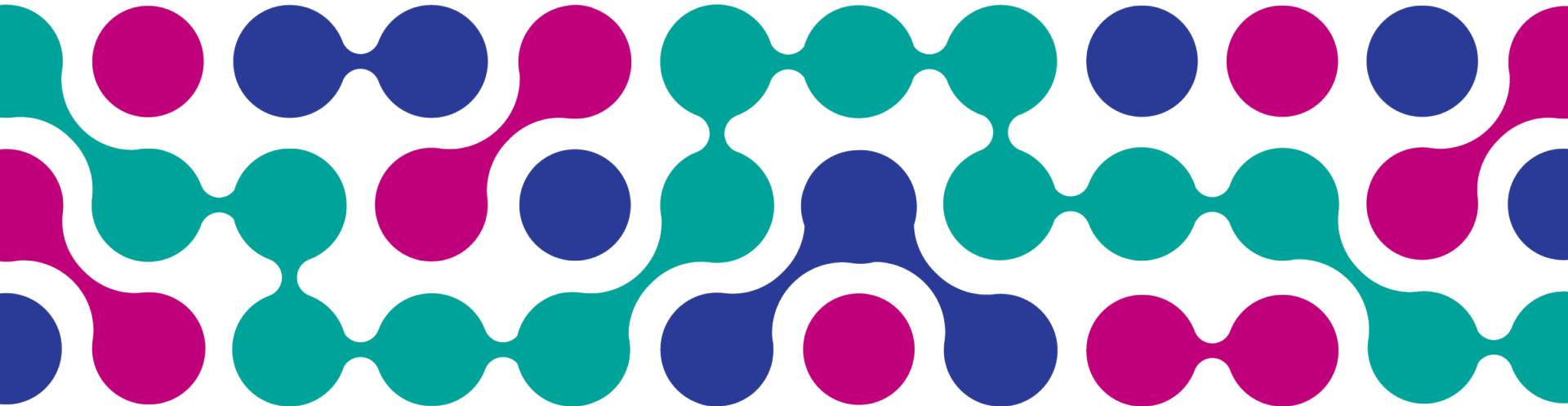
- The PGD allows a pharmacist to issue a prescription only medicine (POM) in certain clinical situations without the need for a prescription.
- Patients can access the service via the following routes:
 - Can self-present by walking into the pharmacy
 - Following a CPCS referral
- Currently ~700 consultations per month

Where would people have otherwise attended?

- 88% GP
- 9% NHS111
- 2% WIC
- 0.7% A&E
- 0.9% Other

Quality Assurance

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Community Pharmacy – Services Community Pharmacy Contractual Framework (CPCF)

Community Pharmacy Quality Scheme

- **Year 5 Scheme 2023/24**
- Launch 1st June 2023
- One gateway criterion New Medicines Service (NMS)
 - Minimum of 15 New Medicines Service between 1/4/23 – 31/12/23
- Three domains
 1. **Medicines Safety & Optimisation:** re-audit and implement learning on reducing harm from anticoagulants / palliative and EOL Care as per year 4.
 2. **Respiratory** – as per year 4.
 3. **Prevention** – as per year 3&4, plus advice on safe disposal of unwanted.
- Annual funding of £45 million to support national health priorities
- Maximum points available to each provider increase with the volume of items dispensed
- Minimum Value per point of £68.75 and maximum of £137.50
- Aspiration payment can be claimed in September: max of 70%, at minimum value.



Community Pharmacy Assurance Framework (CPAF)

CPAF is a national toolkit to **assess compliance and quality against the community pharmacy contract**. The process is detailed below:-

- Commenced in 2015
- 3 Levels, with Level 3 demonstrating exemplary practice
- 2 stages:
 - Part 1 – 10 questions, completed by all providers
 - Part 2 – Full Survey 207 Question, targeted at specific pharmacies, using a national criteria.
- Responses to Part 2, using the national criteria, inform which pharmacies are chosen to be visited
- Virtual and In-person visits undertaken which are based on risk
- Actions plan developed and monitored
- Themes and learning fed-back to all pharmacies



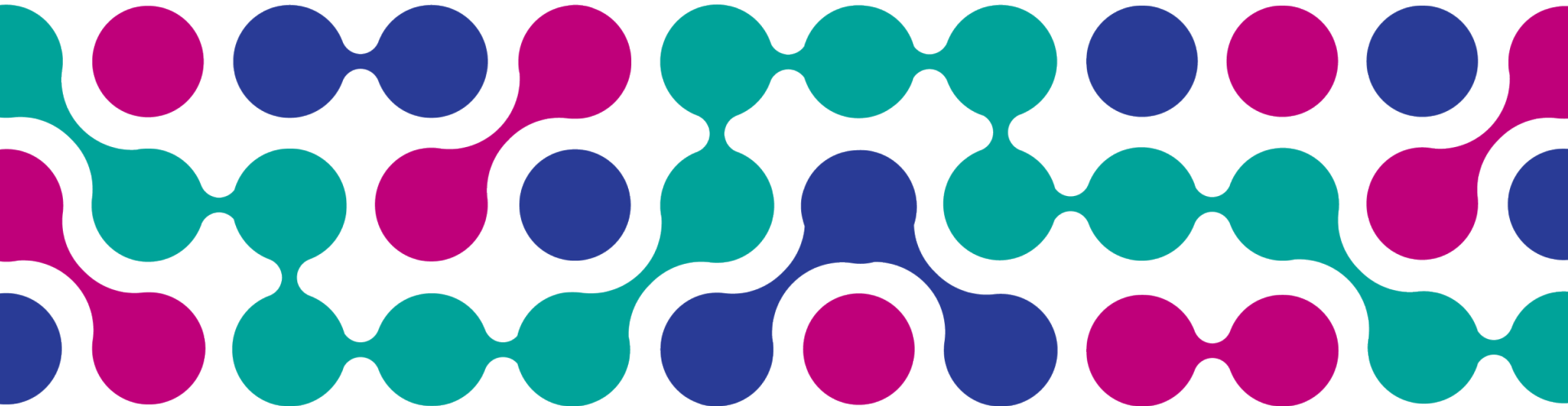
Dispensing Services Quality Scheme (DSQS)

DSQS is a voluntary scheme which rewards practices for providing high quality services to their dispensing patients:-

- Dispensing Practices are included in the Pharmaceutical Regulations
- Medication reviews - min 10% of dispensing patients.
- Prioritise higher-risk patients and those that would benefit from a review
- Clinical Audit of dispensing service



Market Entry



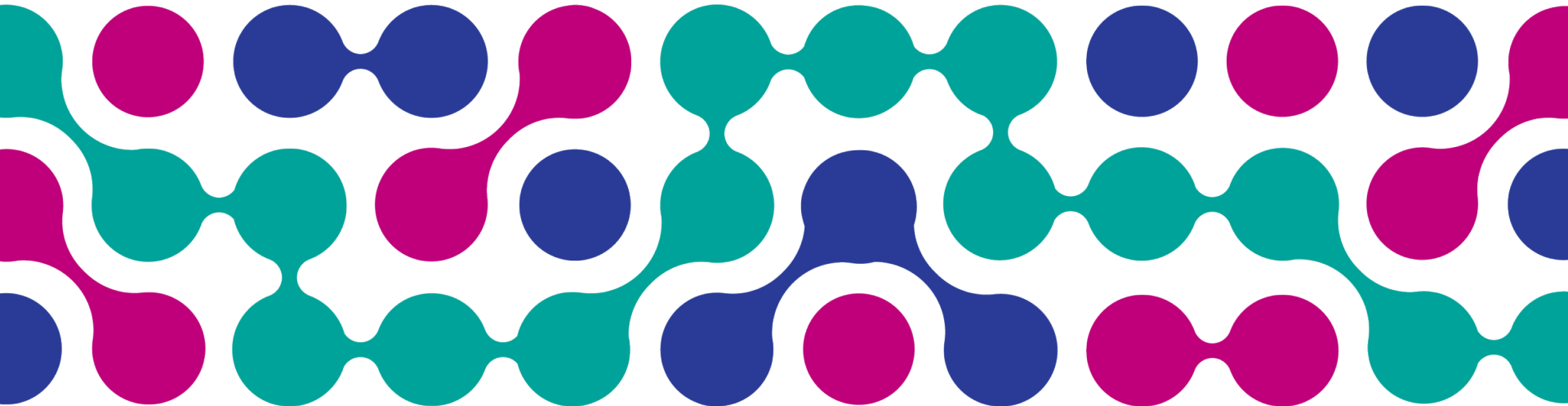
Community Pharmacy – Market Entry

- **Pharmaceutical Needs Assessment: Local Authority led**
- **Pharmaceutical Services Regulations Committee (PSRC)**
 - Current or Future Need
 - Unforeseen Benefit
 - Relocation with No Significant Change
 - Consolidation
 - Distance Selling
 - Rurality Review
 - Dispensing Practice
- **NHS Resolution: appeals process**



Development of Community Pharmacy

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Pharmacy Integration Fund (PhIF)

The Pharmacy Integration Fund (PhIF) was established to **accelerate the integration** of:

- Pharmacy professionals across health and care systems to **deliver medicines optimisation** for **patients** as part of an **integrated system**;
- **Clinical pharmacy services** into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan
- Supporting “out of hospital care” to **dissolve the historic divide between primary and community health services**
- **Redesign and reduce pressure on emergency hospital services**
- Deliver **more personalised care** when it is needed to enable people to get more control over their own health
- **Digitally enable** primary and outpatient care to go mainstream across the NHS

The continued work of the pharmacy integration programme needs to build on what has already been delivered and support these priorities ensuring the continued development of the evidence base that informs future commissioning in line with these priorities for transformation.



Pharmacy Integration Fund pilots across the South-West

- **New Medicine Depression Pilot (Devon)**

- The aim of this pilot is to test the value of including depression as a therapeutic area for the New Medicines Service and provide the opportunity to enhance and augment care for patients newly prescribed antidepressants.

- **Cancer Diagnosis (Cornwall)**

- The aim of this pilot is to support Community Pharmacy teams proactively identifying possible cancers in people who have not yet recognised that their symptoms might add up to an early flag for an undetected cancer. Pilots will be run in volunteer Cancer Alliances with their local pharmacies to collect evidence to see if this is an effective way to directly support cancers being identified at an earlier stage.



Expanding Community Pharmacy Services

Community Pharmacy has been seen as an **essential part of primary care** offering patients easy access to health services in the heart of their communities. As **over 80% of patients live within a 20-minute walk of their pharmacy** who give expert clinical advice.

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Building on the success of the existing services outlined in the CPCF delivered by Community Pharmacy - this plan wants to **expand the range of services** offered making **better use of the clinical skills** in community pharmacy, making them the **first port of call** for patients for many **minor illnesses**.



What does this mean for Community Pharmacy?

- **Common Conditions** - Pharmacists to **supply prescription only medicines (POMs)** including **antibiotics and antivirals** where clinically appropriate, treating **seven common health conditions** – without the need for the patient to visit the GP
 - The national service will cover
 - Uncomplicated UTIs
 - Shingles
 - Impetigo
 - Infected Insect Bites
 - Sinusitis
 - Sore Throat
 - Acute Otitis Media
 - **Our already commissioned local service in BSW (a PGD Service) puts us in a great place for this!**
- **Hypertension Case Finding Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed
- **Oral Contraception Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed



What does this mean for Community Pharmacy?

➤ **IT System Connectivity** - work with **community pharmacy suppliers and general practice IT** suppliers to develop and deliver **interoperable digital solutions**

➤ Greater Flexibility:

- VAT relief on medication supplied through PGD and on medical services provided by the wider pharmacy team.
- Subject to consultation / further work:
 - Enable better use of skill mix
 - Pharmacy technicians to work under PGD
 - Greater flexibility to dispense medicines in their original packs and increase Hub & Spoke models.
 - Move more medicines from Prescription Only Medication (POM) to 'available in a pharmacy'



- Funding supported for a community pharmacist lead for each PCN area (*Trowbridge, Melksham and BoA...*), 1 day per month.
- **Working collaboratively** and building **trusted relationships** between **community pharmacy and PCN teams**, to **support** future **delivery** of current and future commissioned **pharmacy services**
- **Improve communication** and **collaboration** between PCNs, GP practices, and community pharmacies.



Strategic aim: Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

Objectives:

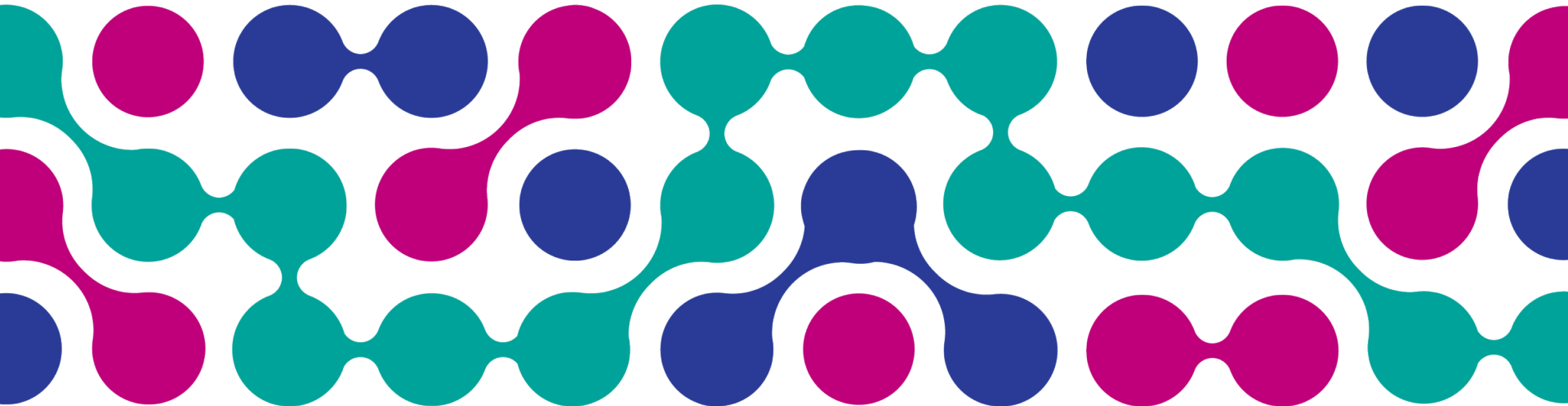
- To establish Pathfinder sites to test the delivery of IP across all NHSE regions aligning with the ICB Fuller Demonstrators
- To **identify the optimum processes including governance, reimbursement and IT requirements** required to enable independent prescribing in community pharmacy
- To inform the **development of professional and clinical service standards** that support assurance of IP activities in the context of NHS community pharmacy services
- To inform the **professional development** needs of community pharmacists and wider **workforce strategy** for pharmacy professionals in primary care
- To inform the **post 2019-2024 community pharmacy contractual framework strategy**
- To inform the **ICB delegation responsibilities** necessary to support national and local commission of clinical services
- To undertake appropriate local and national **quantitative and qualitative evaluation / research**, including patient experience and the experience of community pharmacy, general practice, community services and secondary care teams.

- BSW will have **5 sites**, and the model will be prescribing for minor illness (CPCS+)
- Currently out for expressions of interest from pharmacy contractors



What does this mean for Wiltshire?

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Impact of developments within contracting:

- Understanding the impact of **changes to the provider landscape** and ongoing monitoring
- Impact assessment following **market exits** and **changes to 100-hour contracts** using the same process as Lloyds Pharmacy closures and communication with stakeholders
- Ensuring appropriate contract management and sanctions i.e., implementing new unplanned closure policy
- Bringing the BSW system view to the SW Pharmaceutical Services Regulations Committee (PSRC)
- **Bank holiday rota review**
- Continued **national negotiation** impact on this year and the next 5-year settlement



Current provision in BSW



Bath and North East Somerset,
Swindon and Wiltshire
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BSW Pharmacy Contractors	Number of Contractors July 23	Number of Contractors August 23
Total Community Pharmacies	145	145
Total 40 Hour Contracts	135	135
Total 100 Hour Contracts	10	10



Current Provision in Wiltshire



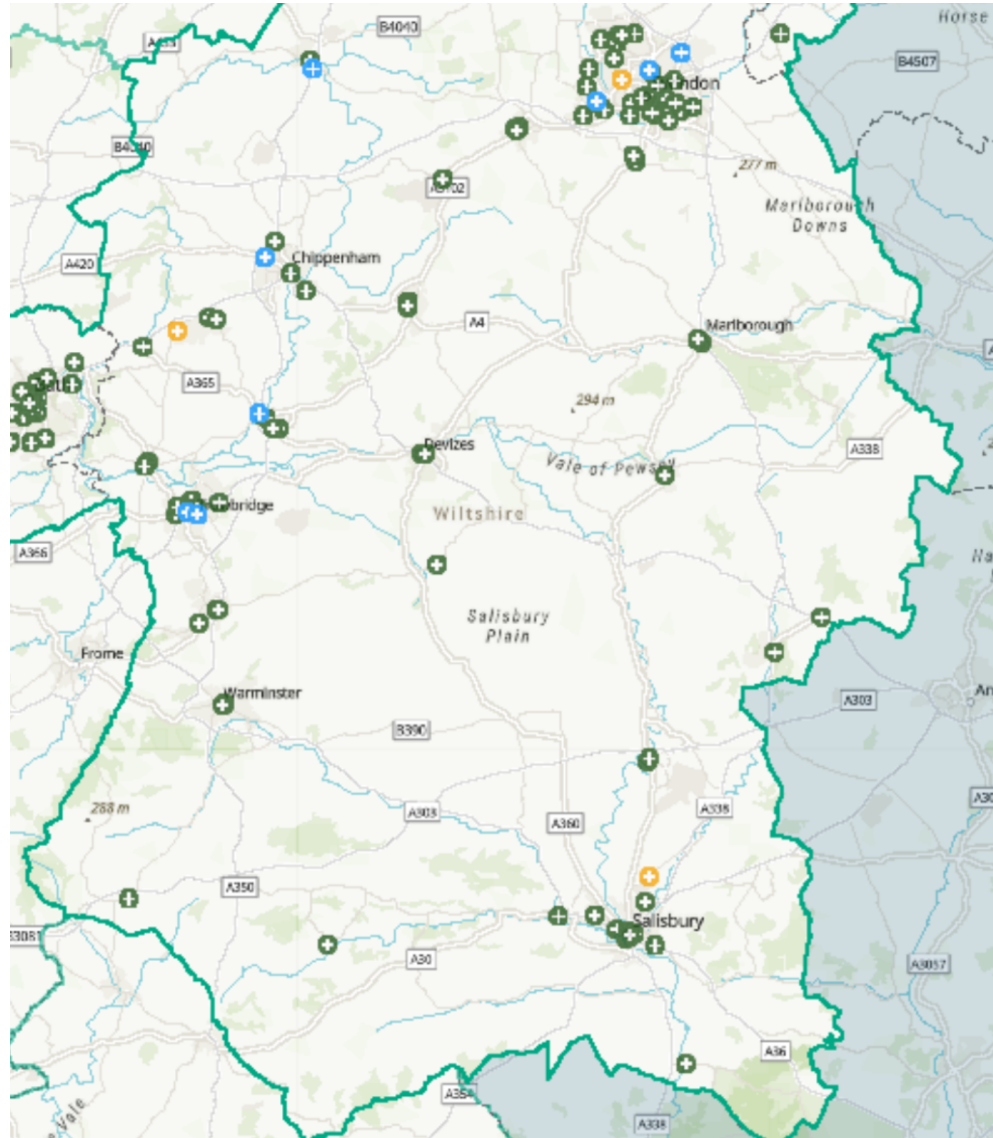
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Wiltshire Pharmacy Contractors	Numbers of Contractors
Total Community Pharmacists	64
Total 40-hour Contracts	58
Total 100-hour contracts	6



Map of Wiltshire Community Pharmacy

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Market entry activity for BSW – from April 2023

BSW

- 40 hour exits – 6
- 100 hour exits – 0
- Consolidations – 2
- Relocations – 2
- Boots closures as at 24/10/2023
 - Warminster – 27/10/2023
- Lloyds Sainsburys closures
 - Chippenham – closed 18/4/2023
 - Melksham – consolidated 14/6/2023



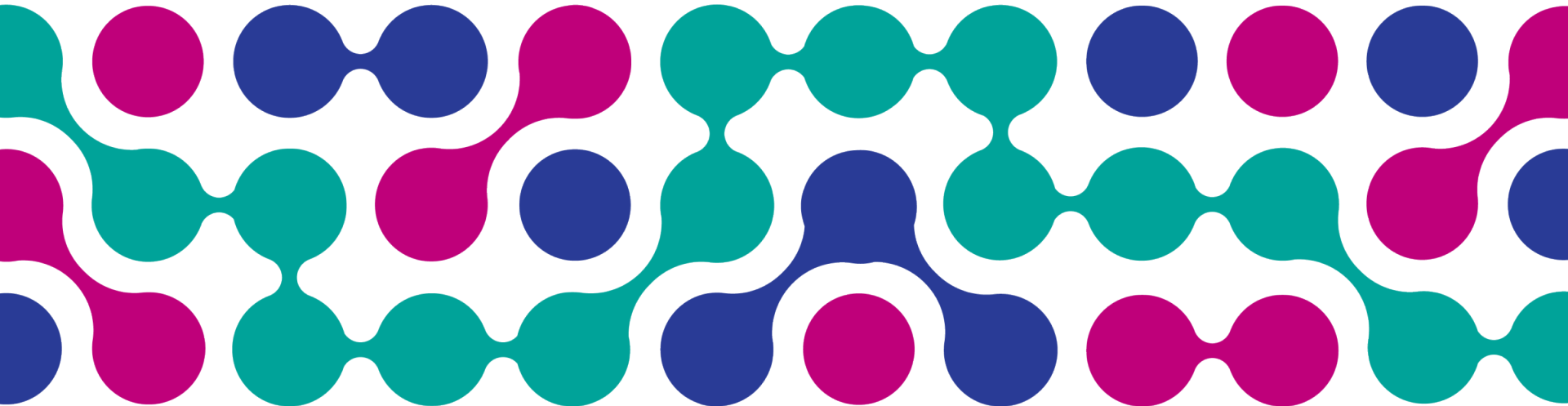
Support provided when notified of a market exit

- Liaison with the outgoing provider to ensure **safe closedown** processes are in place;
- Seek **feedback** from **nearby contractors** regarding **capacity** and any queries or **concerns**;
- **Notify the H&WB Boards, Healthwatch, Local Medical Committee, Community Pharmacy Local, etc**;
- **Share information** regarding the closure with **nearby GP practices**;
- Provide **regular updates** to stakeholders in relation to the closures;



Workforce

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Vacancy rates

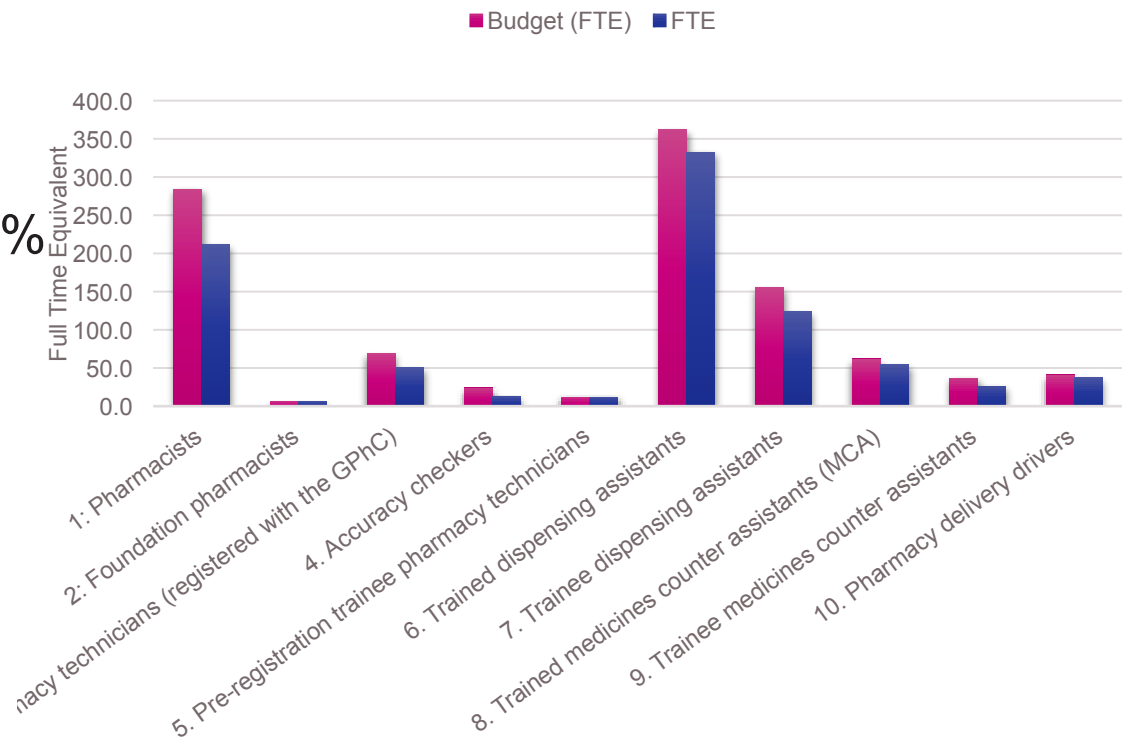
1. Pharmacists 25%

(second highest in the country)

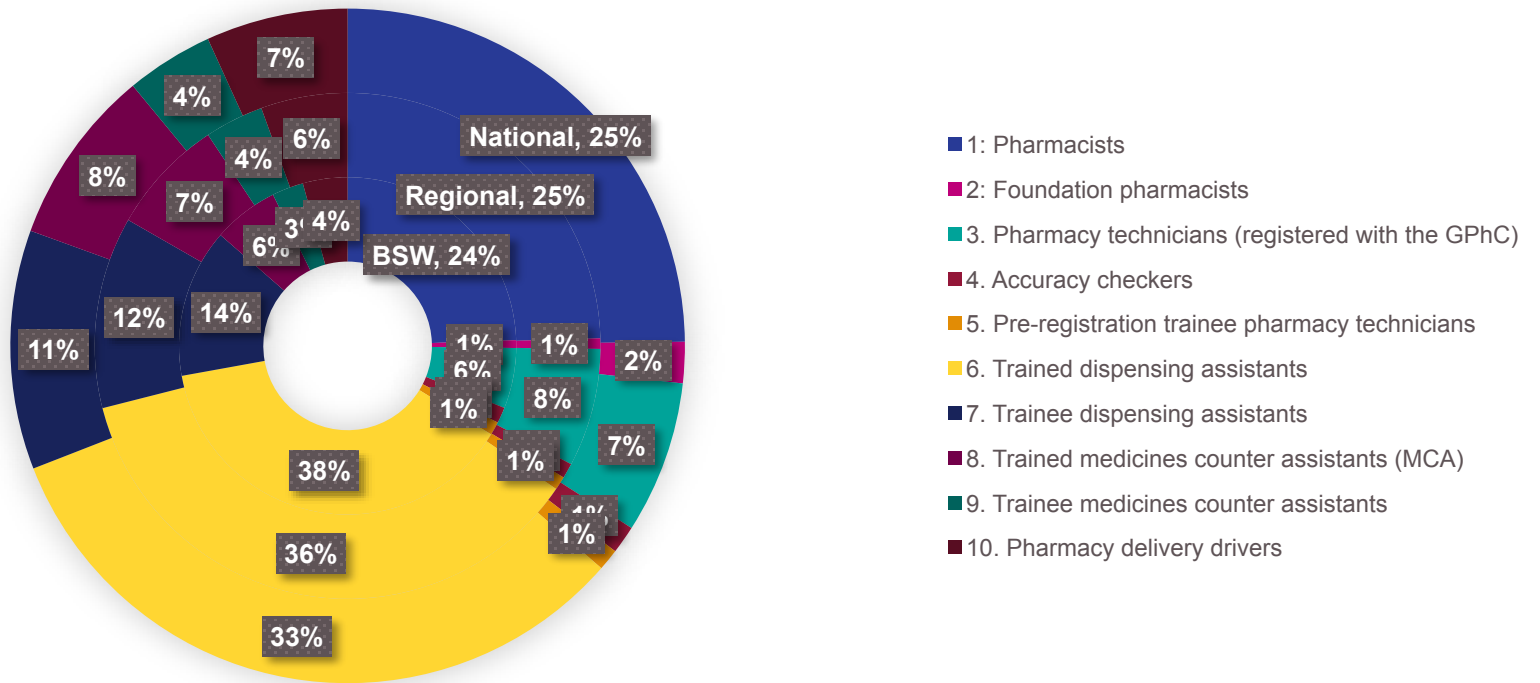
2. Pharmacy technicians 28%

2. Accuracy checkers 46%

BSW Budget vs Staff in Post



Role Split of workforce BSW vs Regional vs National

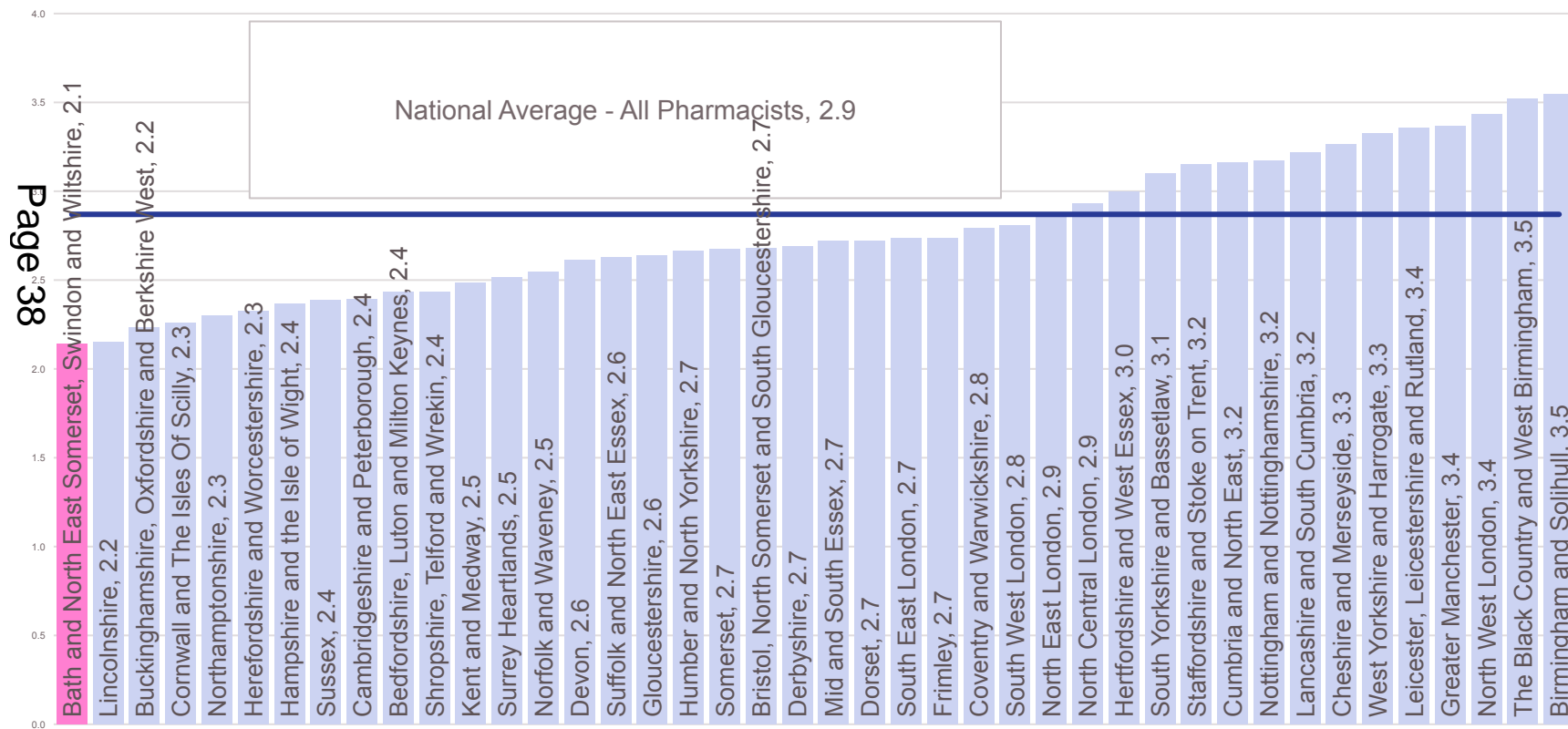


Pharmacist Workforce



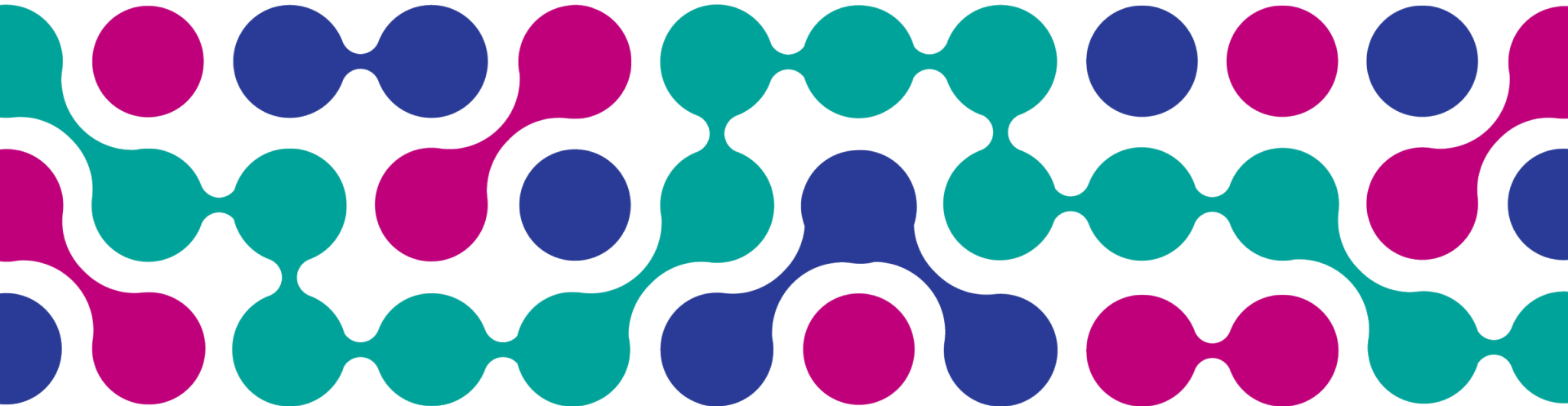
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ICB - All Pharmacists per 10000 GP Patients



Thank you. Questions?

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